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Inquiry: One use of a psg is to help make the diagnosis of sleep apnea, then implement treatment. A primary treatment for sleep apnea is nasal continuous positive airway pressure (NCPAP). The non-invasive nasal CPAP used with the psg is significantly different from CPAP used for intubated and ventilated patients. Does the psg technologists working under the direction of a physician who specializes in sleep medicine, following the protocols for the utilization and titration of NCPAP as determined by the medical director of the laboratory need to be a licensed respiratory care professional to perform the NCPAP?

Also, once the doctor prescribes a NCPAP therapy, does the technologist under the direction of the sleep physician, following his prescription for settings and machine type need to be a licensed respiratory care professional in order to instruct the patient on the use of the machine, mask fitting, and performing the follow up compliance calls?

Response: Section 3702 describes the practice of Respiratory Care as therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities that affect the pulmonary system. Based upon that statement, I would include any implementation of CPAP in the category of therapy and management. The literature is clear that the route of CPAP delivery does not diminish the risks or hazards associated with its use. Because of that it is the Board's opinion that these functions require a licensed practitioner to safely administer them to the public. Having said that, I will tell you that the Board has recently developed a task force to further review this issue and those associated with pulmonary function testing and home care. It is our intent to clarify these functions within the Practice Act to ensure the appropriately trained individuals provide these services to ensure public safety.

Reference # 2002-C-44